



**espanola**  
regional hospital and health centre  
hôpital régional et centre de santé  
**d'espanola**



# TRANSITION TO RECOVERY

**2021/2022  
ANNUAL REPORT**

# **A Message from the Leadership Team**

**Our journey through and leading out of the pandemic has truly been a test of character for the ERHHC Team. The theme of this years' AGM report highlights our "Transition to Recovery" and is a reflection on the exceptional care and services that have been provided across our health campus in the most challenging of times.**

**The effects of COVID have changed the landscape of the way health care services are delivered and this report is dedicated to the staff, physicians, volunteers, patients and families who were all part of the growing, learning and reacting that became a constant in our day-to-day lives. The twists and turns of the pandemic were met with strength, courage and a true spirit of collaboration and community by all who work across our organization. The commitment of the Hospital, Long-term Care and Primary Care Teams to serve patients, residents, care givers and our community through the most challenging of times is a testament to living the mission, vision and values that our organization prides itself on.**

**The rate of change and the implementation of safety measures to protect patients, residents, visitors and staff came at a swift pace and was the highest of priority for our Team. We have been part of a significant time in history and exponential change in the delivery of patient and resident care. Our commitment to safety and quality has remained to the highest standard throughout the entire pandemic. We have seen workflows change, the world of virtual care expand and technology become an instrumental part of staff screening, leadership planning and community collaboration. Virtual meetings facilitated the provision of care, Vaccine Clinic coordination, Board Governance, Patient Advisory Council discussions, virtual visiting and allowed us to remain connected in a time where we could not gather due to restrictions.**

**We have seen unprecedented challenges in human resources, accessing care supplies, food and energy costs, and felt global impacts related to the COVID pandemic. Amidst this landscape and despite these pressures, we have seen so many examples of the human spirit of caring, collaboration and connection. Our team has showed us time and time again how they rally as a collective to support patient care, each other and the greater community. Vaccine clinics, assessment centre services, supporting numerous directives, outbreak management and ensuring access to the day-to-day services our community relies on us for, were simply a few.**

**Our Hospital, LTC and Primary Care Teams have responded to maintain the highest integrity of care and services across all sectors. The dedication and courage to come in each day and face the added pressures of COVID 19 is a remarkable accomplishment. The impacts of limiting loved ones and visitors at the height of the pandemic and the loss that the waves of COVID have brought will remain in our memory for much time to come.**

As we Transition to Recovery, we are focused on allowing our ERHHC Team to rest and hoping the summer will bring us this needed opportunity. Acknowledging the toll that the past two and a half years has taken on our entire team mentally, physically and emotionally will be part of our healing. We will take the time to reflect and honour our journey as individuals and as a team, to learn from the lessons COVID has taught us, and strive to be the best we can be as we move past to a better time. We will work towards a renewed focus on our Strategic Plan, focus on our strategic pillars as we rebuild and foster leadership development so we can best support our teams in the critical work ahead. As leaders we will embrace connection and collaboration with our ERHHC Team and work to ensure access and equity to quality care and services across the region as we embark on our Journey to our Ontario Health Team.

We are committed to quality care across our health campus and so privileged to serve our community.

With much gratitude,

*Jane Battistelli CEO, Anna Love CNO and Jennifer Stanton Smith CFO*  
ERHHC Senior Management Team

## **A Message from the Board Chair**

On behalf of the Board of Directors, we want to extend a message of deep gratitude to a fine group of people who faced a workload like no other in recent history. Thank you to the frontline workers including nurses, PSW's, physicians, screeners, environmental service workers to name a few. They stepped up to the challenge that the pandemic presented, wave after wave. Thank you to those that worked diligently behind the scenes to support the frontline - dietary, information technology, finance, human resources to name a few. This amazing team managed to keep the doors open to our Emergency Department, support the needs of the Long-term Care population during outbreaks, entice 85 new hires to join our team at a time when many hospitals were losing such staff, and to continue to work on projects to help improve the hospital such as the One Project, the Long Term Care Renovation Project and the new Addictions Treatment Beds to name a few.

Here is hoping that the year to come will see an end to Zoom meetings, screening and masks but if the team must face more of the same, we know they are up to the task.

*Karen Lalonde*  
Board Chair

# Mission ● Vision ● Values

## Mission

Your Partners for Better Health & Wellness

## Vision

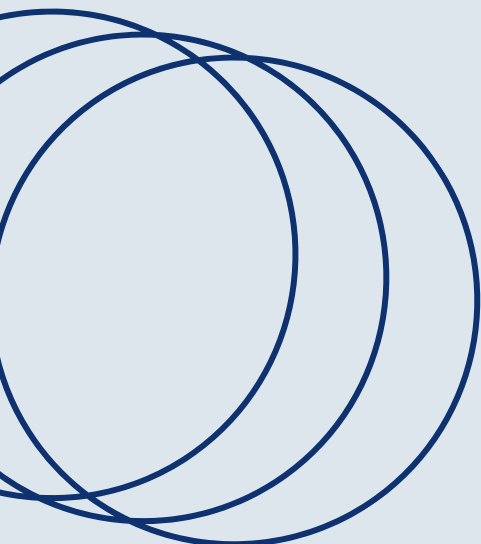
Caring for the Health of Our Community

## Values

Patients First ~ Integrity ~ Respecting Diversity ~  
Compassion ~ Contribution of all

## Enablers

Effective Communication ~ Technology ~  
Our Resources ~ Partnerships



# Leadership Team

## 2020/2021

### Board of Directors

2021 - 2022

*CHAIR*

Karen Lalonde

*1st VICE CHAIR*

Yves Carriere

*2nd VICE CHAIR*

Gary MacPherson

*PAST CHAIR*

Dave Pope

*TREASURER*

Cynthia Townsend

*SECRETARY*

Nicole Haley

*AUXILIARY REPRESENTATIVE*

Colette Proctor

*TRUSTEES*

2021 - 2022

Angela Vourensyra

Anna Marie Abitong

Ron MacKenzie

Jeremiah Steele

Louise Laplante

Louise Gamelin

Nancy Hembruff

### Administration

#### SENIOR MANAGEMENT

**Jane Battistelli**, Chief Executive Officer

**Jennifer Stanton Smith**, Chief Financial Officer

**Anna Love**, Director of Clinical Services

**Tammy Tallon**, Executive Assistant

#### MANAGEMENT TEAM

**Angela Brunetti**, Environmental Services / Queensway Place

**Paul Ainslie**, I.T. / Clinical Informatics

**Jodie Graham**, Materials Management

**Marlo DesJardins**, Human Resources

**Katie Wiebenga**, Infection Control/Occupational Health

**Suzanne Thompson**, Continuous Quality Improvement

**Terri Noble**, Public Relations/Foundation

**Al Renaud**, Maintenance

**Monique Gallant**, Physiotherapy

**Liisa Tallon**, Health Records / Privacy Officer

**Kristy DesJardins**, Food Services

**Michelle Parker**, Acute Care / Emergency / Pharmacy

**Phil Smith**, Diagnostic Imaging

**Paula Mitroff**, Director of Care, LTC

**Phyllis Paradis**, Social Worker

**Vern Hurst**, Laboratory

**Jon Brunetti**, Primary Care

### Medical Leadership

#### Leadership

**Dr. Andre Michon**, Chief of Staff

**Dr. Michel Bonin**, Medical Director-Lab

**Dr. Bill McMullen**, Medical Director-LTC

**Dr. Jeff Middaugh**, Medical Director-ED

#### Active Staff

**Dr. John Knox**

**Dr. Kim Perlin**

**Dr. Liane Ainslie**

**Dr. Alison McMillan**

**Dr. Stephen Bignucolo**

**Dr. Hama Salam**

Our physicians must be recognized and commended for their efforts in going above & beyond in providing quality care to the residents of the communities we serve during the past few year's pandemic .

We often take it for granted that the doctors are trained to look after every aspect of the healthcare needs of its citizens. In many larger urban communities, doctors have the support of specialists and other medical supports readily and conveniently available within their hospitals. In small rural communities, like Espanola, our physicians develop an enhanced skill set in order to manage higher levels of complexities of care.

In short, our physicians are amazing!

Our managers are actually "working" managers in that they also perform front line (direct and indirect) patient care in addition to managing their departments.

This is not unusual in small hospitals, where managers often take on front line functions due to lack of critical mass/economies of scale.

While that can add its challenges it also offers a greater degree of fulfillment and satisfaction as they can experience the direct impact of their teams' efforts on patients and families.

# Financial Report



Our Finance department supports the hospital, the Family Health Team, Foundation and the Town of Espanola Non-Profit Housing. They record and track over 5,000 accounts, process approximately 300 payments per month, sending 220 Patient billing notices per month and processing 950 OHIP claims per month. This is a small but dedicated team.

## Statement of Financial Position March 31, 2022 with comparative figures for 2021

	2022 \$	2021 \$
<b>Assets</b>		
<b>Current assets</b>		
Cash	2,569,068	2,259,642
Accounts receivable	551,478	802,215
Inventories	345,838	342,551
Prepaid expenses	195,842	176,489
	3,662,226	3,580,897
<b>Portfolio investments (note 3)</b>	4,831,718	5,163,703
<b>Capital assets (note 4)</b>	15,595,880	15,548,341
<b>Capital expenditures for projects in progress</b>	1,011,742	364,682
	25,101,566	24,657,623
<b>Liabilities and Net Assets</b>		
<b>Current liabilities</b>		
Demand operating loan (note 5)	282,000	-
Accounts payable and accrued liabilities (note 6)	3,584,631	3,283,083
<b>Deferred contributions for capital assets (note 7)</b>	10,346,102	10,252,637
<b>Post-employment benefits (note 8)</b>	825,239	820,532
	15,037,972	14,356,252
<b>Net Assets</b>		
Invested in capital assets (note 9)	6,261,520	5,660,386
Internally restricted for the acquisition of capital assets	204,442	276,829
Unrestricted	3,847,346	4,320,728
	10,313,308	10,257,943
<b>Accumulated remeasurement gains (losses)</b>	(249,714)	43,428
<b>Total net assets</b>	10,063,594	10,301,371
	25,101,566	24,657,623

**ESPANOLA GENERAL HOSPITAL**  
**Statement of Operations**  
**Year ended March 31, 2022 with comparative figures for 2021**

	2022	2021
	\$	\$
<b>Revenues</b>		
<b>Ministry of Health and Long-Term Care:</b>		
Hospital operations	13,383,628	12,595,327
COVID-19 pandemic non-recurring	1,722,110	1,864,100
Medical staff funding	2,006,036	1,979,131
<b>Sources other than Ministry of Health and Long-Term Care:</b>		
Other patient revenue	1,265,095	1,000,466
Co-payments	573,338	641,950
Preferred accommodations	36,742	47,813
Recoveries and other revenues	1,659,795	1,857,893
Gain (loss) on disposal of capital assets	135	(791)
Amortization of deferred contributions for allowable capital assets	137,976	100,125
	<b>20,784,855</b>	<b>20,086,014</b>
<b>Expenses</b>		
Salaries and wages	9,703,757	9,066,994
Supplies and services	4,059,908	3,728,400
Employee benefits	2,894,159	3,283,049
Medical staff remuneration	2,546,901	2,513,537
Amortization of allowable capital assets	494,602	421,273
Medical and surgical supplies	238,450	165,050
Drugs and medical gases	182,956	148,146
Bad debts	5,262	3,470
	<b>20,125,995</b>	<b>19,329,919</b>
<b>Excess of revenues over expenses before undernoted items</b>	<b>658,860</b>	<b>756,095</b>
<b>Other Revenues</b>		
Long-term care program (schedule 1)	3,106,881	2,943,179
Realized investment income on portfolio investments internally restricted for the acquisition of capital assets (note 13)	138,454	216,694
Other votes and programs (note 10)	162,538	162,322
Amortization of deferred contributions for non-allowable capital assets	479,693	445,600
	<b>3,887,566</b>	<b>3,767,795</b>
<b>Other Expenses</b>		
Long-term care program (schedule 1)	3,633,526	3,325,016
Other votes and programs (note 10)	167,001	164,610
Amortization of non-allowable capital assets	690,534	654,049
	<b>4,491,061</b>	<b>4,143,675</b>
<b>Excess of revenues over expenses</b>	<b>55,365</b>	<b>380,215</b>

**THE AUXILIARY  
ESPANOLA REGIONAL HOSPITAL & HEALTH CENTRE  
825 MCKINNON DR, ESPANOLA, ON P5E 1R4**

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**AUXILIARY**

**ANNUAL REPORT FOR 2021-2022**

We are happy to report that our Gift Shop was able to open the end of August. A good portion of our volunteers, have returned and we expect more will return once they are more comfortable in doing so and hopefully we will be able to attract new members. Thanks to our crafty members, new handmade items have been added. The new unique items we received from our suppliers have proven to be a hit with our customers.

Catch the Ace ticket sales are going well.

Despite Covid affecting our efforts considerably we were able to contribute \$10,500.00 towards the x-ray machine. This was due to the dedication of our members in finding ways to promote our items from the gift shop through social media & word of mouth.

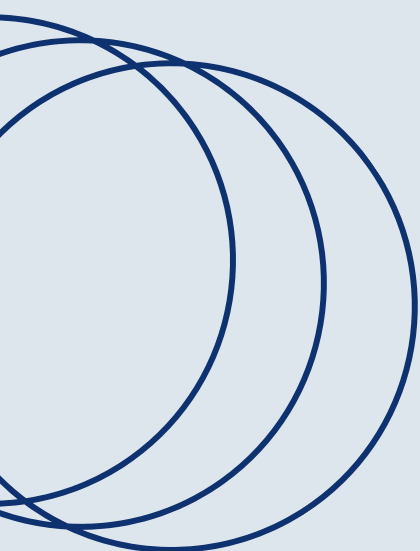
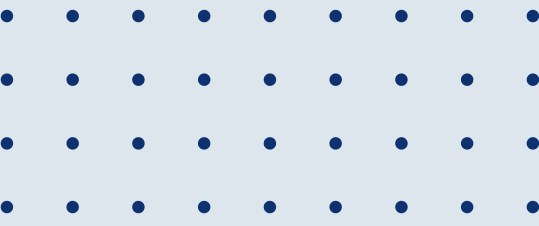
We presented the check for our annual donation to the Foundation on November 3, 2021.

We are grateful we are able to continue to provide a \$500.00 bursary to each of the local high schools & help 2 deserving students with their studies in the medical field.

Although we were unable to have any formal meetings this year I'm proud to report that things still got done through the perseverance, dedication and teamwork of our members.

Submitted on behalf of the membership by:

Carol Pickard, President





# Espanola Regional Hospital Foundation

## A Word from Our Chair - Michael Dunn

Dear Friends,

In challenging times we look to be more creative. For your Foundation, these have been very challenging times. We have had to be sympathetic to pandemic and economic uncertainties. We worked to maintain an optimistic communication with our Communities, Donors, Sponsors and Partners. We collected a lesser traditional income and adopted other opportunities, including an online lottery.

From the campaign announcement in 2019 to the present we have directed revenues to the X-Ray Replacement. This endeavor was expected to achieve objectives within two years. That time estimate has effectively passed and the financial commitments have not yet been realized.

Fundraising has become very competitive. We are not the only organization with a compelling story and a serious need. People are having to make choices with less available resources, and right now it is our position to be first in mind through these difficult times and beyond.

May we all continue to be Storytellers.

Mike

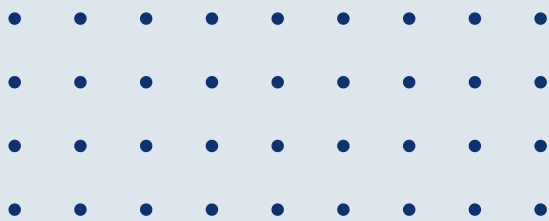
*Thank you to Our Donors!*



## Foundation Board of Directors

- Michael Dunn , **Board Chair**
- Angela Vourensyria, **Vice Chair**
- Cynthia Townsend, **Treasurer**
- Jane Battistelli, **Secretary**

- Ron MacKenzie
- Gary MacPherson
- Louise Gamelin
- Dave Pope
- Terri Noble (Staff)

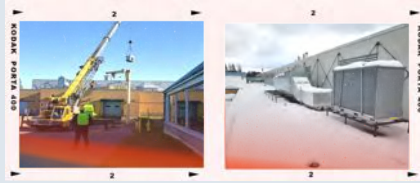


# ERHHC Team 2020-2021

## Maintenance

Just a few of the many projects for our Maintenance Department

Replacement of Make Up Air for the kitchen



Replaced 4 roof top HVAC units for LTC



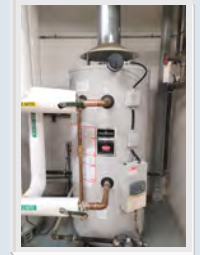
Replaced 16 heating and cooling coils for the air handling units in the penthouse



Replaced 6 HVAC units at the FHT



Replaced commercial hot water tank in LTCS



## Laboratory

Our Lab is one of the busiest departments in our hospital. This past fiscal year they welcomed new employees, replaced the Biochemistry Analyzer & after 2 years started opening their doors to Out-Patient Walk-in services two days a week!



- INTERESTING FACTS:
- 183,271 in house tests
  - 14,051 referred out tests
  - 3,169 ECG's
  - 7,555 COVID 19 tests processed
  - 32,578 patients served

## Information Technology/Clinical Informatics

### THE ONE PROJECT

ONE is the name of the new Meditech Expanse project. The Meditech 6.1 system is a completely integrated electronic medical record. This system has been designed to make physician/nursing and allied health work flows efficient in an electronic environment. ONE will be used within 24 hospitals throughout Northeastern Ontario. Physician applications are web-based, allowing for use on mobile devices.

Unlike our current system, Meditech Expanse will incorporate advanced clinical features, such as physician order entry, documentation and medication reconciliation. Bedside Medication Verification [BMV] will also be in place, assuring patient safety at time of medication administration and supporting Nursing workflow.

## Diagnostic Imaging/Cardiology

It was a busy year for the Diagnostic Imaging and cardiology team! Overall we were 15% above the 4 year average for number of studies at just under **13,000** last year. With COVID, we did far more portable X-rays, ultrasounds and echocardiograms in Acute Care and ER. Doing a study portably is more work for the technologist. For ultrasound this often causes the tech to work in less than optimal spaces in not ideal positions. Add to that the fact that many of these additional portables are COVID or possible COVID patients requiring isolation procedures to be followed including donning and doffing additional PPE and disinfection of equipment after each procedure. All this increases workload. Compared to the 3 year average preceding COVID, we did 264% more portables last year. With all that, at times, staffing was thin due to COVID and everyone stepped up and did what they could. (Not unique to D.I.) Thanks all for your hard work!

During this busy time, we also moved forward on improving the equipment/ systems in our facility!

We purchased and set up a new stress test unit. (Thanks IT for your help and patience!) The new software allows for better remote interpretation of the stress tests by the cardiologist. It is also more automated during the study itself allowing the technologist to better focus their attention on the patient actively on the treadmill. After testing, the workflow and processing of the exam is greatly improved. This unit also has a higher weight capacity, allowing for us to accommodate more patients.

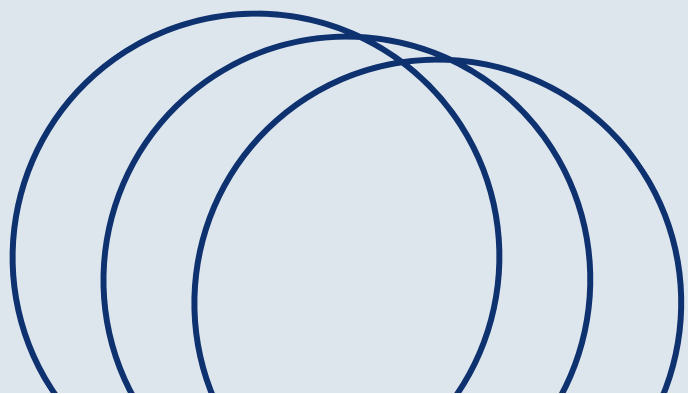
With the increased demand for our Holter Monitors, we increased our capacity by purchasing additional monitors in order to keep wait times down.

We also purchased a new ultrasound probe reprocessing unit. This is a state of the art, self-contained disinfection system which not only has a chemical indicator to ensure the probe has been fully disinfected but also an electronic pass/fail indicator which also tracks who the user was, which probe, and when it was done. This is the type of things done in the background that ensures the safety of our patients

We implemented electronic requisitions for Diagnostic Imaging and Cardiology using Ocean eReferral. For health care providers reading this, ignore the requisition pad and grab your computer mouse! Using Ocean helps us better manage the huge number of requisitions received by our reception clerk.

From the cardiology side, late in 2021, we unfortunately had our cardiologist, Dr. Hourtovenko, have to take a leave to tend to some health issues. Although he is still interpreting all of our cardiac studies remotely, we look forward to seeing him back soon caring for our cardiac patients in his busy clinic. During his absence, he has remained a key figure in our cardiology department regularly helping us out with things such as providing a stat report or helping us implement our new stress unit or helping us with the purchase of our new echocardiography unit. (That will be on site soon and be reported on next year! Stay tuned!) Thanks Dr Hourtovenko!

All in all a very busy year where we were able to meet a higher demand with sometimes less staff as well as move the bar forward and make some improvements!



## Queensway Place

Things are almost back to normal in Queensway Place Assisted Living! We were able to have a Hawaiian inspired BBQ/Garden party featuring live music and even some dancing (although we were rained out and it had to be inside), as well as a Christmas party this past year. Tenants are thrilled to be able to participate in social activities, and to have family and friends come to visit again!

Some painting and re-decorating was done this year, and thanks to a generous donation from Domtar, a new Wellness room was created for tenants to be able to exercise, relax, or visit with friends.



## Environmental Services

This team has been nothing short of amazing this year. They show up every day with smiles (under their masks!), and always give 110%. They work so hard, care so deeply, and show such commitment to our patient/resident/staff safety.

This year has been especially difficult, with cleaning and disinfecting expectations being higher than ever. Cleaning audits are being performed regularly, and we are happy to report a score of 90% for the past 12 months! No matter how busy, this team maintains the high standards that our patients & residents have come to expect from us.

This year, one of our team members was recognized by the Canadian Healthcare Housekeepers Association as being one of the winners of the First Annual Frontline Award of Excellence!



## Human Resources

This year has been very busy for the Human Resources department. Our Human Resources team takes care of payroll and benefits, recruitment and retention, labour relations, disability management, staff scheduling, communication and public relations and employee wellness and recognition.

Staff wellness and recognition has always been a priority for our facility and this past year was no exception!. This year we have spent countless hours, recognizing, celebrating, and encouraging self-care for our employees. Some of the highlights include, practitioner, "Thanks a Latte" coffee days with delicious local coffee made into creamy lattes, wellness draws , coffee and donuts, pizza days, weekly recognition of essential workers, appreciation gifts, monthly birthday draws, bi-weekly lottery draws, and the list could on.....This year and every year we want to make our staff feel valued and appreciated and hopefully add a smile to their face!

### INTERESTING FACTS:

- 85 New Hires
- 3 Clinical Placements
- 6 Co-Op Students
- 12 Summer Students

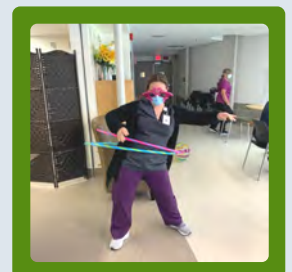
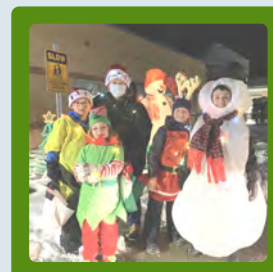
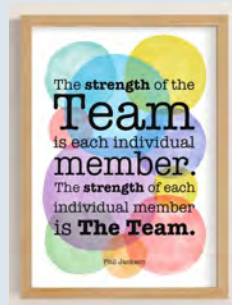
## Health Records/Registration

The Health Records Department is responsible for the collection, use, security and disclosure of your personal health information (your health chart). We do the transcription for many consultations, clinics, emergency patients and acute care patients. We also submit all diagnosis and statistical information from Emergency and Acute Care visits to a central registry called CIHI and to the Ministry of Health.

The Registration Department is your central registration and information source. Last fiscal year we registered 25,867 outpatients and 492 inpatients. A very busy department who also receives most of the phone calls and assists the Emergency Department and the Health Records Department.

Patients and their families have the right to trust their privacy will be protected by the health care providers upon whom they depend. We take this very seriously and do our very best to protect your privacy and your information. We conduct regular audits and have policies and procedures in place should there be a breach of your personal health information. Every employee also signs a confidentiality contract.

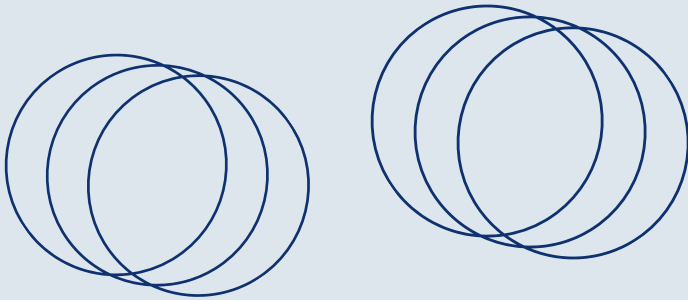
## EMPLOYEE WELLNESS & CULTURE



## Physiotherapy

2021-2022 This past year marked the start of new beginnings for the Physiotherapy community. In May Of 2021 we replaced a staff position made open by retirement and were also successful in enticing Jayden Tessier and the opening of Resilience Physiotherapy under the ERHHC campus. Spoiler Alert! Unfortunately as of the end of May we are down to one staff Physiotherapist again! Resilience Physiotherapy is still up and running but is now off site.

With the help of staffing and provincial healthcare restart – we saw approximately 241 new inpatients and 250 new outpatient clients over the year. The most popular diagnosis of the year was 'Total Knee Replacement'! We saw 40 new knees and if we add on shoulders, and hips we saw a total of 63 replaced or refurbished joints walk, crutch or roll their way through . Not bad considering the elective surgical pauses caused by COVID. On the inpatient side our most frequent referral was for the need for general mobility – to the tune of 104 referrals.



## Central Supply/Receiving

To say this year has been hectic is an understatement. It has had it's fair share of challenges with many supply chain disruptions but I am very happy to report that despite all of the challenges, we always managed to provide stock to all areas of the hospital including all essential PPE supplies.

Our small department came together and met all of the demands that the pandemic threw our way!



### INTERESTING FACTS:

- supplied 118,400 procedural masks
- 132,600 disinfected wipes
- 861,000 ml of hand sanitizer

## Espanola & Area Family Health Team

The FHT has continued to focus on a new care delivery model which is seeing an increased emphasis on virtual appointments, and allowing the patient to have options in their care. We will look to continue this trend with a heightened priority on alternative communication channels such as secured email, and online appointment bookings.

Palliative-The FHT will continue to develop the new palliative program, that will see the FHT team now being responsible for providing care to the entire catchment area. The new program will be built on top of the exceptional program is already in place, and will look to offer an even more robust program to patients and families in their greatest time of need.

## Emergency & Acute Care

The last year has been busier than ever in both the Acute Care and Emergency Department. We have seen an increase in Emergency department presentations and an increase in admissions to Acute Care

Over the last year we have had 11,632 emergency department visits which is an increase of over 2000 visits from the previous year. Some of the increase in presentations to the Emergency department can be attributed to the COVID-19 virus. Over the last year we have performed over 630 COVID-19 swabs in our Emergency Department.

Of the 11,632 emergency department visits, 548 of those were admitted to our Acute Care facility for further treatment and 192 patients were transferred out to other facilities for admission.

We are fortunate to have a palliative care program at ERHHC which involves care and follow-up visits in the community for patients who are part of the palliative care program and a palliative care Nurse Practitioner that provides care to patients either in the hospital or in home. Our hospice suite has seen 25 admitted patients over the last year with an occupancy rate of approximately 20%.

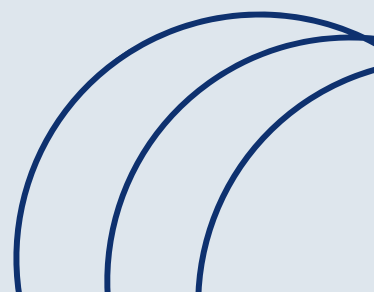
We are working hard on feedback regarding the patient experience in both the emergency department and acute care. We have developed a patient satisfaction survey that is linked directly to a QR code. The QR codes will be accessible for patients in all patient rooms and on posters in the hallways of both units.



## COVID Assessment Centre

### INTERESTING FACTS:

- 9,208 COVID tests were performed





# Espanola Nursing Home

Perseverance and dedication are the first words that come to mind when I think of the Long-Term Care Team over the past year. Our incredible team has faced many difficult challenges and has always come out on top by ensuring optimal resident care is delivered.

Several Infection Control Measures remain in place to ensure staff and resident safety. All staff, students and visitors require, at minimum, 2 COVID-19 vaccines to enter our Home and are required to participate in mandatory COVID-19 surveillance swabbing twice weekly. 25 % of our residents have received their 4th booster of COVID-19 vaccine with some of the residents or family members declining this dose. We continue to wear surgical masks at all times when in the department to ensure the safety of residents and staff. Physical distancing of 6 feet while in activities and social areas of the Home are observed.

Some of the educational sessions that all staff participated in include Infection Control, Fall Prevention, Wound Care, and a review of our Admission Process. Quality Improvement Initiatives are always at the forefront of the many programs and services offered to our residents and families. We recognized the important role that family members play in preventing falls therefore we developed a "Fall Prevention Tip Sheet" for family members to enhance our Fall Prevention Strategy. Another one of our main Quality Improvement initiatives during this past year included the introduction of comprehensive and best practice palliative pain assessment tools to support our end-of-life residents. All nurses received education on the application and implementation of these assessments. This initiative greatly strengthened our palliative program by ensuring the best possible end of life care is provided.

As the saying goes, tough times make tough teams!! I firmly believe that the last few years have proven to fortify our Long Term Care Team as evidenced by their exceptional efforts and devotion to our Nursing Home.

Paula Mitroff  
Director of Long Term Care

